

# New Employee Form



EMPLOYER NAME

**EMPLOYEE TO COMPLETE** - Please provide full names as stated on formal documentation, eg. Passport or Birth Certificate

## PERSONAL DETAILS

Single/Married/Divorced/Widowed/Partnered/Other

TITLE		MARITAL STATUS	
SURNAME		FIRST NAMES	
POSTAL ADDRESS			
	POST CODE		
EMAIL ADDRESS			
DATE OF BIRTH		NAT INS NO	

## P46 STATEMENT

Please read all the following statements carefully and tick **the one** that applies to you.

- A** This is my first job since 6th April and I have not been receiving taxable Jobseekers's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational pension. ☐
- B** This is now my only job , but since 6th April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension. ☐
- C** As well as my new job, I have another job or receive a state or occupational pension. ☐

## STUDENT LOANS

Please tick the box if you have left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and this has not been fully repaid? ☐

**If you have ticked the box please complete a Student Loan Declaration form to provide further details.**

EMPLOYEE SIGNATURE		DATE SIGNED	
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## EMPLOYER TO COMPLETE

### CONTRACT DETAILS

START DATE		END DATE	
CONTRACT TYPE (please tick)	52 WEEK <input type="checkbox"/>	TERMTIME <input type="checkbox"/>	CASUAL <input type="checkbox"/>

### APPRENTICES UNDER THE AGE OF 25 - Please complete if you require us to apply zero-rate Class 1 NICs for this employee

Is there a written agreement between you, the apprentice and the training provider detailing the apprentice framework/standard of a government recognised scheme? Yes/No ☐

START DATE APPRENTICESHIP		END DATE APPRENTICESHIP	
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## PAY DETAILS

HOURLY RATE	NO. HOURS PER WEEK	DAYS WORKED						
		M	T	W	T	F	S	

## ADDITIONAL INFORMATION

## AUTHORISED SIGNATORY

**I confirm the necessary checks have been made to ensure that this new employee is legally entitled to work in the UK.**

EMPLOYER SIGNATURE		DATE SIGNED	
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**PLEASE FORWARD THIS FORM TO TANDEM PAYROLL LTD IN TIME FOR THE FIRST PAY DAY BY:**

Fax: 08717 143 367  
 Email: [paymatters@tandempayroll.co.uk](mailto:paymatters@tandempayroll.co.uk)  
 Post: Tandem Payroll Ltd, 5 Lancing Close, Werrington, Peterborough, PE4 6QX

## FOR OFFICE ONLY (Initial When Complete)

SIGNATURE CHECKED ☐ EXCEL ☐ BUREAU ☐ RTI ☐ HOLIDAY UPDATE ☐